

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		1				
4		3				
5		3				
6		3				
7		3				
8		1				
9		1				
10		3				
11		3				
12		3				
13		1				
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	31	←	←	←		
TOTAL CLAIMS	32	█	█	█	█	█

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.		←	←	←		
TOTAL CLAIMS	32	█	█	█	█	█